

Presumptive Eligibility for Pregnant Women (PE4PW) Application Web Portal User Guide

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OVERVIEW

Objectives

The purpose of this *Presumptive Eligibility for Pregnant Women (PE4PW) Application Web Portal User Guide* is to provide PE4PW approved users with step-by-step instructions to perform PE4PW Application Web Portal transactions. The PE4PW program does not permit PE4PW applications via mail; therefore, the PE4PW Application Web Portal transaction is the only means to submit PE4PW applications. The purpose of the *Presumptive Eligibility for Pregnant Women Program Application (MC 263)* download is to assist patients in the PE Application process and to maintain in-file records.

Introduction

The PE4PW program allows individuals to apply for temporary, no share-of-cost Medi-Cal benefits. PE4PW providers assist individuals via the PE4PW Medi-Cal Application Web Portal and find out eligibility in real-time. The PE4PW enrollment period begins on the date the individual is determined eligible for PE4PW, which is the day the *Presumptive Eligibility for Pregnant Women Program Application (MC 263)* is submitted in the PE4PW Application Web Portal. PE4PW cannot be back-dated for any reason. To obtain coverage prior to the PE start date, individuals must apply for full-scope Medi-Cal and mark the box that indicates the individual has medical expenses in the prior three months and needs help to pay.

The number of PE enrollment periods an individual may receive will be limited. PE enrollment periods received from any PE program listed below are limited to the past 12 months prior to applying for PE4PW (except for PE for Pregnant Women). These PE enrollment periods are as indicated in the table below:

Medi-Cal PE Programs	PE Enrollment Period Permitted
Hospital PE – Individuals 18 through 25 years of age who were in foster care at 18 years of age (no income limit)	1 PE enrollment period
Hospital PE – Children 19 years of age or younger	2 PE enrollment periods
Hospital PE – Parents and caretaker relatives	1 PE enrollment period
Hospital PE – Adults 19 through 64 years of age, who are not pregnant, not enrolled in Medicare and not eligible for any other group stated above.	1 PE enrollment period
Hospital PE – Pregnant Women	1 PE enrollment period, per pregnancy
Child Health and Disability Prevention (CHDP) Gateway	2 PE enrollment periods
Breast and Cervical Cancer Treatment Program (BCCTP)	1 PE enrollment period
PE for Pregnant Women	1 PE enrollment period, per pregnancy

To begin the PE4PW Application process, access the PE4PW Application Web Portal. PE4PW providers are required to assist the applicant in completing the application. Approved and trained PE4PW providers have the option to assist the applicant by downloading and printing a hardcopy *Presumptive Eligibility for Pregnant Women Program Application* (MC 263-P) for the individual to complete or by verbally assisting the individual and entering the individual's information directly into the PE4PW Application Web Portal. The PE4PW provider is required to enter all information from the hardcopy *Presumptive Eligibility for Pregnant Women Program Application* (MC 263-P) or verbal answers into the PE4PW Medi-Cal Application Web Portal.

Upon confirmation of the applicant's information, print two (2) copies of the completed online application summary and obtain the applicant's or authorized representative's signature on both printouts prior to submitting the completed PE4PW Medi-Cal Application via the PE4PW Application Web Portal. One (1) copy is given to the individual and one (1) copy is kept in the individual's file. The PE4PW Medi-Cal Application is not complete without a valid signature.

After submission of the PE4PW Application Web Portal transaction, a new Web page displays a response message indicating the individual's eligibility determination results. PE4PW providers must print two (2) copies of the eligibility response message. One (1) copy is given to the individual and one (1) copy is kept in the individual's file. If the individual is determined eligible by the response message, the individual uses the printout as an *Immediate Need Eligibility Document* for Medi-Cal covered prenatal services. The individual must sign the *Immediate Need Eligibility Document* on the client signature line.

Reporting Problems

Report problems to the Telephone Service Center at 1-800-541-5555 (Monday – Friday 8 a.m. – 5 p.m.).

Hospitals are encouraged to print the [TSC Main Menu Prompt Options](#) and keep it near their telephones for faster access to TSC resources.

- Select the language option (English or Spanish)
- Option 1 for provider
- Option 4 for the Technical Help Desk
- Option 2 for PE for Pregnant Women

Internet Transaction Equipment and Software

The following equipment and software are required for downloading the *Presumptive Eligibility for Pregnant Women Program Application* (MC 263) and for performing the PE4PW Application Web Portal transaction:

- Computer: Windows 98 operating system or higher; Pentium I processor (1.33 MHz or higher), minimum 32 MB RAM
- Modem Speed: Minimum 28 Kbps
- Printer
- Browser: Google Chrome, Internet Explorer 7 and above, Firefox 3.6 and above, Safari 5 and above
- Adobe Acrobat Reader version 4.0 or higher for downloading and printing the *Presumptive Eligibility for Pregnant Women Program Application* (MC 263)

Note: The latest version of the software and browsers can be downloaded for free on the [Web Tool Box Web](#) page of the Medi-Cal website.

PERFORMING PE4PW APPLICATION WEB PORTAL TRANSACTIONS

Objectives

In this section, you will learn how to:

- Access the PE4PW Application Web Portal from the Medi-Cal website
- Download the *Presumptive Eligibility for Pregnant Women Program Application* (MC 263)
- Complete the PE4PW Application Web Portal transaction data fields
- Confirm the individual's information is correct
- Print the individual's PE4PW application summary for their signature
- Print the Insurance Affordability Application (Single Streamline Application) and explain the application process
- Submit the PE4PW Application Web Portal transaction for real-time eligibility determination
- Print the individual's PE4PW eligibility determination and explain eligibility determination
- If approved, have the individual sign their paper Immediate Need Eligibility Card, also known as a temporary Benefits Identification Card (BIC)

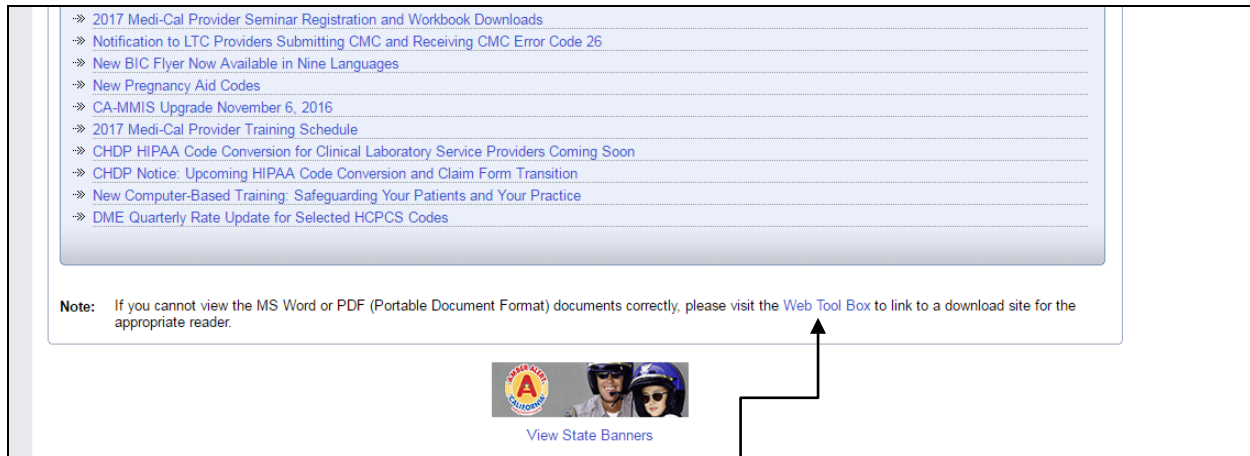
The screenshot displays the Medi-Cal website homepage. At the top, there is a navigation bar with links for Home, Transactions, Publications, Education, Programs, References, and Contact Medi-Cal. Below this, a 'System Status' section shows a 'Website Tour' link. The main content area is divided into several sections:

- Office of Governor Edmund G. Brown Jr.:** Includes a 'Visit his Website' link and the Medi-Cal logo.
- HOT NEWS:** Lists recent updates such as 'Affordable Care Act (ACA)', 'Code Conversions', 'Ordering, Referring and Prescribing (ORP)', 'PE for Pregnant Women', and 'PAVE'.
- FEATURED LINKS:** Provides quick access to 'Beneficiary News', 'Billing Tips', 'CMC', 'FAQs', 'Forms', 'HIPAA', 'Medi-Cal Rates', 'NCCI', 'Provider Enrollment', and 'Provider Manuals'.
- NewsFlash:** A section for 'JULY BULLETINS' containing a list of news items, including 'Erroneously Issued Resubmission Turnaround Documents', 'Impact of CMS/AMA July 6, 2015 Announcement on Medi-Cal', 'Correction: Inpatient Claims for Long-Acting Reversible Contraceptives', 'Update: Treatment Policy for the Management of Chronic Hepatitis C', 'September 2015 Medi-Cal Provider Seminar', 'ACA Billing and Enrollment Requirements for ORP Providers', 'Update: Dental Services Billable Directly to Medi-Cal', 'Additional Languages Available on CHDP Verifone VX520 POS Device', 'MIQS Project Incentives No Longer Available By July 31, 2015', 'New RAD Codes Established for Medical Transportation Claims', 'DRG Claims Denied with RAD Code 0341 Will Reprocess', 'Update: DRG Claims Denied with RAD Code 9968 Will Reprocess', 'Drug Use Review Educational Articles Manual Section Retired June 30, 2015', 'New CalOptima Health Care Plan for Orange County', 'CA-MMIS Health Enterprise: Specialty Programs Beneficiary Enrollment Update', 'Denied CHDP Claims for Influenza Codes 53 and 71 to be Reprocessed', and 'August 2015 Medi-Cal Provider Seminar'.
- RELATED:** Links to 'DHCS', 'CA Dept Public Health', and 'Medi-Cal Information for Individuals and Families'.
- 64 days 8 hours 42 minutes 39 seconds:** A countdown timer for 'Until ICD-10 implements'.
- SYSTEM STATUS ALERT:** A red banner indicating a system status alert.
- MCSS:** A section for 'MEDICAL SUBSCRIPTION SERVICE' with 'News and System Status Alerts from Medi-Cal' and an 'Email Address' field.
- Outreach & Education:** A section for 'Check out the new Medi-Cal Learning Portal' with a 'Get started' button.
- TAR Inquiry Features:** A section for 'TAR Inquiry Features' with a 'Get started' button.

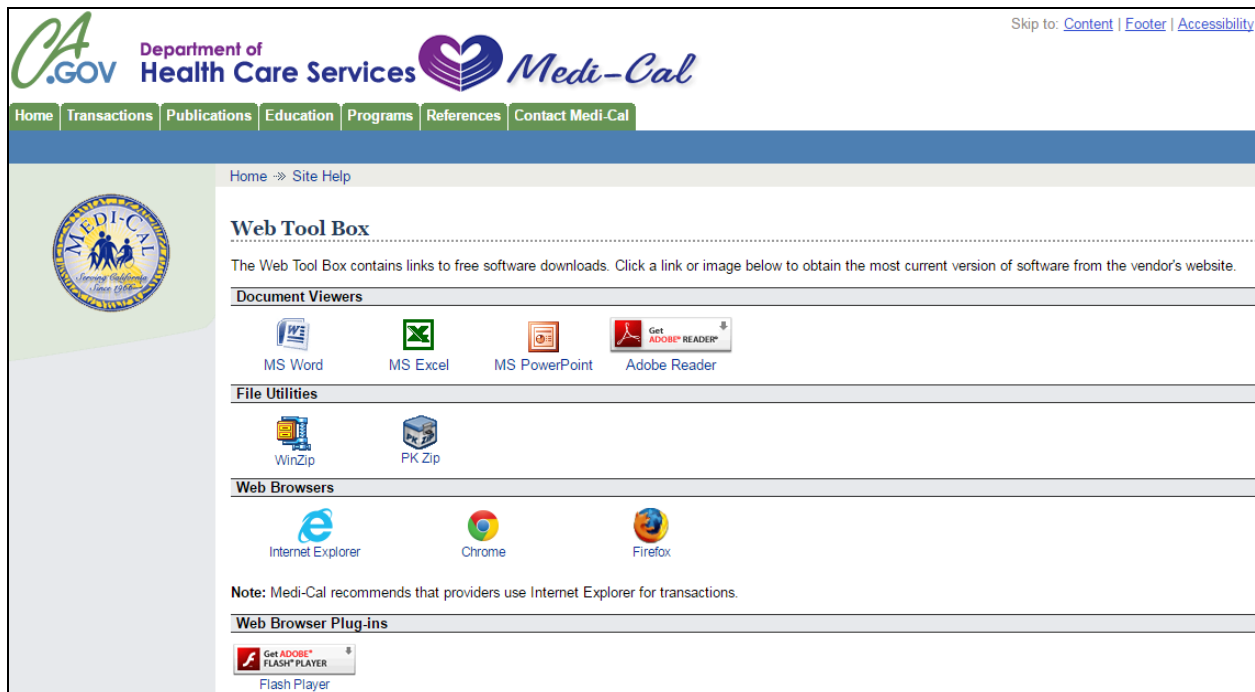
Web Tool Box

Before beginning a PE4PW Application Web Portal transaction, you should know how to access the Web Tool Box for the appropriate software applications needed to perform the Internet downloads and transactions. From the Medi-Cal home page, click the **Web Tool Box** link at the bottom of the page. A separate screen will open and display all of the tools you need to access the *Presumptive Eligibility for Pregnant Women Program Application* (MC 263-P) or perform a PE4PW *Presumptive Eligibility for Pregnant Women Program Application* (MC 263) Application Web Portal transaction.

The Web Tool Box screen is below.



Web Tool Box link



Web Tool Box

Tips for First-Time Users

First-time PE4PW providers/employee users must complete all the steps identified below to access the PE4PW Application Web Portal.

1. Have a completed/approved [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) on file and have received a Medi-Cal provider number and PIN.
2. Have a completed/approved *Qualified Provider Application for Presumptive Eligibility Participation* (MC 311) version 02/2017 on file.
3. Registered for and completed the required Presumptive Eligibility for Pregnant Women (PE4PW) Program Provider Training Course on the [Medi-Cal Learning Portal](#) (MLP). Upon registration, each PE4PW provider/employee user receives a unique MLP user ID. If you have questions regarding the Medi-Cal Learning Portal you may email Operations Training by logging in, then selecting “Contact Operations Training” under the Support section on the Home page of the MLP.



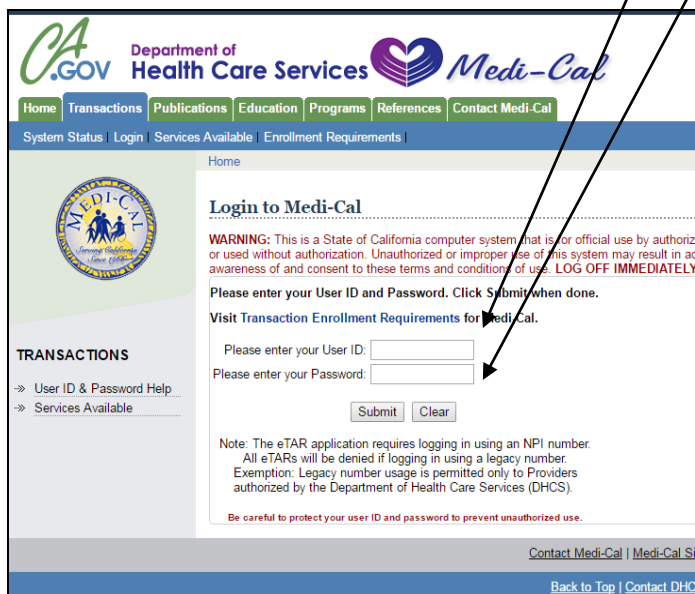
4. Upon successful completion of the PE4PW training with a passing score of 80% or more, PE4PW provider/employee users are granted access to the PE4PW Medi-Cal Application Web Portal by using their unique MLP user ID.

ACCESS THE PE4PW APPLICATION WEB PORTAL VIA THE TRANSACTIONS PAGE



1. Type **www.medi-cal.ca.gov** in the address bar of your browser, and then press ENTER on your keyboard to open the Medi-Cal home page.
2. Click the Transactions tab to open the Login to Medi-Cal page.
3. Enter your Medi-Cal provider number or National Provider Identifier (NPI) in the *Please enter your User ID* field.

Enter your seven-digit Provider Identification Number (PIN) in the *Please enter your Password* field and click **Submit**. You are now logged on.



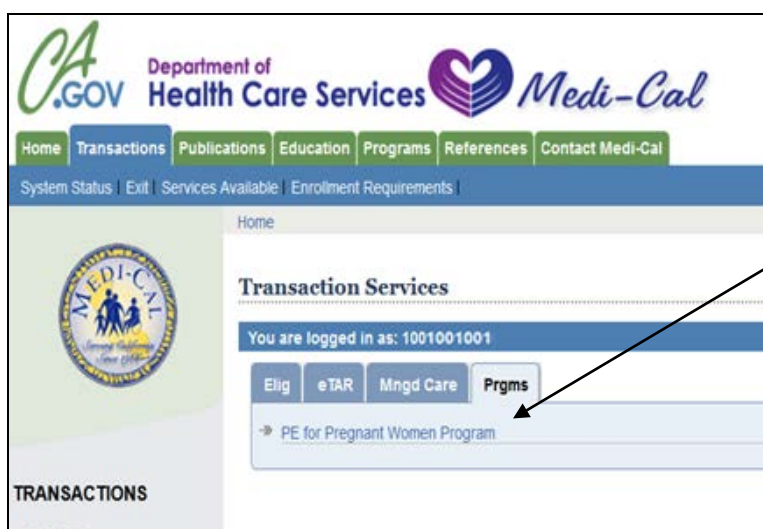
After logging on, the Transaction Services screen opens, displaying one or more tabs that contain all of the transactions available to you. Click each tab to locate specific services.

IMPORTANT REMINDER:

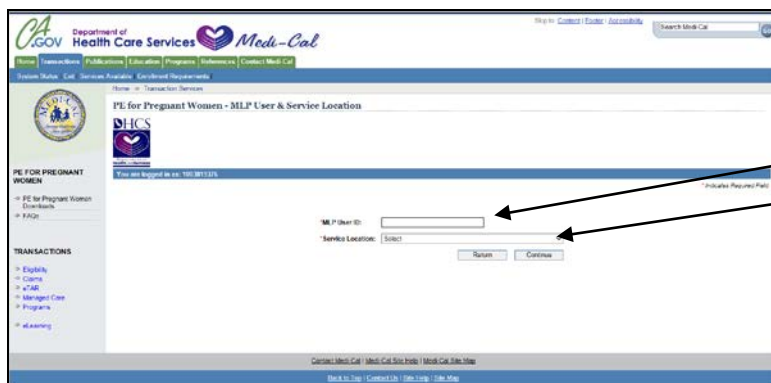
After you log on, you will be timed out if you are idle on any screen for longer than 20 minutes. Any information you have entered will not be saved. If you are timed out, you must log on again and repeat the previous steps.



4. Click the Programs tab or select Programs from the menu in the left column. The programs that are available to you will appear.



5. Click the PE for Pregnant Women program link. (This link is only visible to authorized providers.)



6. Enter your MLP User ID (see note below) and select your Service Location. Then click **Continue**.

Note: The MLP User ID is the User ID you created on the Medi-Cal Learning Portal to take the PE4PW training.

Download the Presumptive Eligibility for Pregnant Women Program Application (MC 263)

To begin a PE4PW Application Web Portal transaction, the provider must assist the individual in completing the *Presumptive Eligibility for Pregnant Women Program Application* (MC 263). PE4PW providers access the application through the PE4PW Application Portal and complete it field by field based on the applicant's verbal answers or download and print the hardcopy *Presumptive Eligibility for Pregnant Women Program Application* (MC 263-P) in English or Spanish for the applicant to fill out and then enters the answers in the online application.

The MC 263-P Application download is an option to assist applicants with their information and for records purposes only. Application submission via mail is not permitted and will not be accepted.

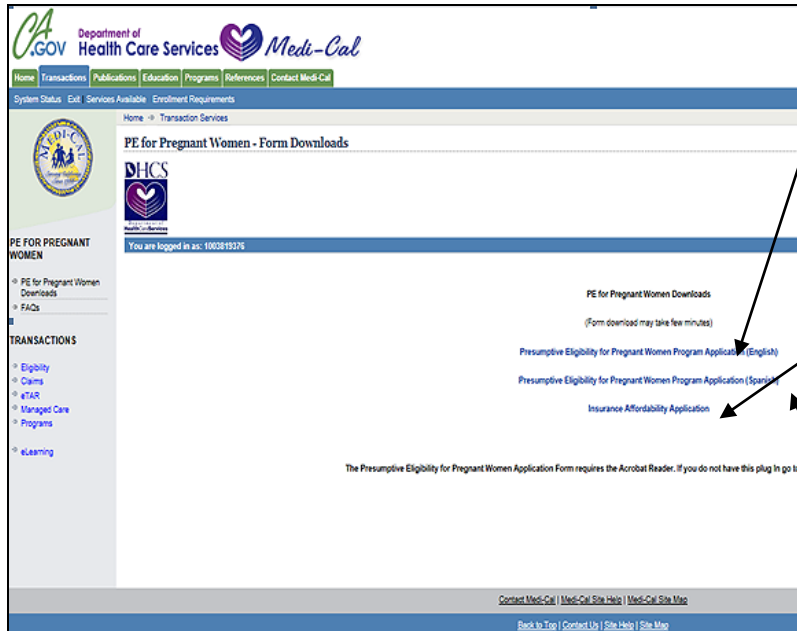
PE4PW providers are required to enter all information from the hardcopy MC 263-P, when used, into the PE4PW Medi-Cal Application Web Portal. To download the MC 263-P in English or Spanish or the Insurance Affordability Application, follow the steps below:

PE4PW – Enrollment Application Screen

The screenshot displays the 'PE for Pregnant Women - Enrollment Application' form. The left sidebar contains a menu with the following items: 'PE FOR PREGNANT WOMEN', 'TRANSACTIONS', and 'ENROLLMENT'. The main content area is titled 'PE for Pregnant Women - Enrollment Application' and includes a 'TRANSACTIONS' section with a list of options: 'PE for Pregnant Women', 'Download', 'Print', 'Manage Care', and 'Programs'. The form itself contains several sections: 'PERSONAL INFORMATION', 'CONTACT INFORMATION', 'FAMILY INFORMATION', 'MEDICAL INFORMATION', and 'DECLARATION'. Each section contains various fields for data entry, such as name, address, phone number, and checkboxes for program selection. A red arrow points from the 'PE FOR PREGNANT WOMEN' menu item to the 'TRANSACTIONS' section of the form.

1. Select PE for Pregnant Women Downloads from the menu in the left column of any PE4PW Program Transaction Services screen. The PE4PW – Form Downloads page will open.

PE4PW - Form Downloads Screen



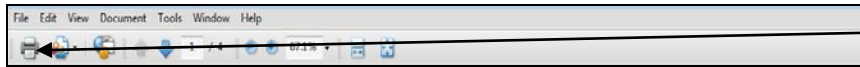
2. Click the **Presumptive Eligibility for Pregnant Women Program Application (English)** form link.

Adobe Acrobat Reader will launch in the browser window and the form will be displayed.

3. **Requirement:** Click the **Insurance Affordability Application** link, print for the applicant and explain the process.

4. Click the **Presumptive Eligibility for Pregnant Women Program Application (Spanish)** form link.

The Spanish version of the PE4PW Application form opens and is ready to download or print.



5. To print the application, click the **Print** icon on the toolbar of Adobe Reader (do not click the browser's print icon).

If you access the form often, you may wish to save the form to your computer for faster retrieval and printing. To do this, once the form is displayed, you can click File from the menu bar and select the **Save** option and save the form to your computer.

When you are finished, click the back button on your browser.

Steps to Begin the PE4PW Application Web Portal Transaction

1. Access the PE for Pregnant Women – Enrollment Application screen and enter all of the applicant's information into the data fields as shown in the screen shot below.
2. Click **Yes**, as circled in the screen shot below to indicate that you have printed the required Insurance Affordability Application and explained the process to the applicant. If not, the Insurance Affordability Application is located in the PE for Pregnant Women – Form Downloads screen.
3. Click **Continue**, as circled in the screen shot below after entering all of the applicant's information into the data fields.

PE for Pregnant Women – Enrollment Application Screen

Home » Transaction Services

PE for Pregnant Women - Enrollment Application

DHCS
Department of Health and Human Services
State of California

You are logged in as: 1003819376

PE FOR PREGNANT WOMEN

- » PE for Pregnant Women Downloads
- » FAQs

TRANSACTIONS

- » Eligibility
- » eTAR
- » Managed Care
- » Programs
- » eLearning

APPLICANT INFORMATION

*Last Name: Smith First Name: Kelly Middle Name: ADAM Date of Birth (mm/dd/yyyy): 01/01/1988

Social Security Number (optional):

*Live in California? ☒ Yes ☐ No

County you live in? CA - California

City: Sacramento State: California Zip Code: 95892

Home Address Number and Street: 1234 Jefferson Street

Mailing address (if different) Number and Street:

City: State: Select Zip Code:

Phone Number: 3242342312 Other phone number:

Email address: jenny14@us.com

☐ If State at Home/ participant, check the box and answer the questions below:

1. What is your P.O. Box address, if known? Select

2. What is your State at Home Participant ID, if known?

What language do you speak best? Russian

What language do you read best? English

MEDICAL

*Do you have a Benefits Identification Card (BIC)? ☒ Yes ☐ No

What is the identification number on the card? 43231223427031

*Have you received presumptive eligibility services during the current pregnancy? ☒ Yes ☐ No

FAMILY MEMBERS

*Total Number of Family Members: 5

ANNUAL OR MONTHLY INCOME

Please include money you and/or family members listed on this application receive from jobs, tips, commissions, pensions, Social Security, spousal support, or unemployment benefits.

Income: \$ 10000 ☒ Annual ☐ Monthly

SIGNATURE AND DECLARATION

☒ By signing, I declare that what I provided below is true and correct.

- I have read and understand this Presumptive Eligibility for Pregnant Women Medi-Cal Application.
- I have received the insurance affordability program application.
- I understand that I must complete and submit the Medi-Cal or insurance affordability application by the end of my Presumptive Eligibility period in order to be eligible for continued coverage.
- The information I provided is true, correct, and complete.

PROVIDER USE ONLY

*Did the patient self attest to pregnancy? ☒ Yes ☐ No

Was a pregnancy test given today? ☒ Yes ☐ No

If a test was given, what was the result? ☒ Positive ☐ Negative

Expected Date of Delivery (mm/dd/yyyy): 02/28/2017

*Was the Insurance Affordability Application offered to the patient? ☒ Yes ☐ No

Continue

Contact Medi-Cal | Medi-Cal Site Help | Medi-Cal Site Map


PE for Pregnant Women – Application Summary

The PE for Pregnant Women – Application Summary screen (shown below) displays all the applicant's data you entered along with any errors.

Print two copies of this summary, have the individual review for accuracy, and if accurate sign both copies.

System Status | Exit | Services Available | Enrollment Requirements | Home -> Transaction Services

PE for Pregnant Women - Application Summary



PE FOR PREGNANT WOMEN

- > PE for Pregnant Women Downloads
- > FAQs

k

TRANSACTIONS

- > Eligibility
- > e AR
- > Managed Care
- > Programs
- > eLearning

"Do Not Mail this Application"

This application is used for internal purposes to assist applicants and must be retained for the record keeping.


Application Date/Time: 2/23/2017 12:51:45 PM

APPLICANT INFORMATION			
Last Name Smith	First Name Kelly	Maiden Name ADAM	Date of Birth (mm/dd/yyyy) 01/01/1990
(Social Security Number (optional))			
Live in California? Yes		County you live in? 05 - Calaveras	
Home Address Number and Street 1234 Jefferson Street		City Sacramento	State California
Mailing address (if different) Number and Street		City	State
Phone Number 3242342312	Other phone number	Email address jenny14@usa.com	
<input type="checkbox"/> If homeless, check the box and indicate (above) where to send any written correspondence.		<input type="checkbox"/> If Safe at Home participant, check the box and answer the questions below: 1. What is your P.O. Box address, if known? 2. What is your Safe at Home Participant ID, if known?	
What language do you speak best? Russian		What language do you read best? English	
Do you have a Benefits Identification Card (BIC)? What is the identification number on the card? 4521122342/031		Yes	
Have you received presumptive eligibility services during the current pregnancy?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
FAMILY MEMBERS			
Total Number of Family Members 0			
ANNUAL OR MONTHLY INCOME			
Please include money you and/or family members listed on this application receive from jobs, tips, commissions, pensions, Social Security, spousal support, or unemployment benefits.		Income \$10000	Annual
SIGNATURE AND DECLARATION			
<input checked="" type="checkbox"/> By signing, I declare that what I provided above is true and correct. <input type="checkbox"/> I have read and understand this Presumptive Eligibility for Pregnant Women Medi-Cal Application. <input type="checkbox"/> I have received the insurance affordability program application.		<input type="checkbox"/> I understand that I must complete and submit the Medi-Cal or insurance affordability application by the end of my Presumptive Eligibility period in order to be eligible for continued coverage. <input type="checkbox"/> The information I provided is true, correct, and complete.	
Signature		Date	
Signature of witness		Date	
PROMPTER USE ONLY			
Did the patient self-attest to pregnancy?	Was a pregnancy test given today?	If a test was given, what was the result?	(Expected Date of Delivery (mm/dd/yyyy))
No	Yes	Positive	02/28/2017
Was the Insurance Affordability Application referred to the patient? An individual has a right to know records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services, MS 6130, P.O. Box 907413, Sacramento, CA 95899-7413. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Presumptive Eligibility for Pregnant Women provider and Covered California.			
<input type="button" value="Print"/>	<input type="button" value="Back"/>	<input type="button" value="Submit"/>	

PE4PW Medi-Cal Application Response

Once you submit the application, the PE4PW Application Web Portal transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's PE4PW eligibility and returns a response to the browser screen.

Below is an example of an approved eligibility determination printout. This document is an Immediate Need Eligibility Document, also known as a temporary Benefits Identification Card (BIC). The pregnant woman must sign the document to receive her temporary Medi-Cal services.

Presumptive Eligibility for Pregnant Women Medi-Cal Application Response	
	Application Date/Time: 2/17/2017 9:20:39 AM
Provider Number:	1003819378
Individual's Name:	FRIDAY TEST O
Date of Birth:	09/12/1999
BIC ID:	74125011H77177
BIC Issue Date:	06/26/2017
Good Thru Date:	07/31/2017
<p>Important Notice: The PE Period End Date in the response below can change if the client submits an insurance affordability application, as the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility.</p> <p>Response: You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period end date on 07/31/2017. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.</p>	
Client Signature:	

Please see page 24 for an example of a denied eligibility printout.

Data Field Specifications

The table below provides *Data Field Name* details for characters and information that are valid and invalid entries.

Data Field Name		Specifications
Individual's Name	Last Name	<ul style="list-style-type: none"> • Required field • Valid characters: A – Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character • The words "Same" or "None" are not allowed in this field
	First Name	<ul style="list-style-type: none"> • Required field • Valid characters: A – Z, upper and lower case, space, dash (-), apostrophe (') • Only alphabetic characters are allowed as the first character • The words "Same" or "None" are not allowed in this field
	Middle Name	<ul style="list-style-type: none"> • Valid characters: A – Z, upper and lower case, space • Only alphabetic characters are allowed as the first character • The words "Same" or "None" are not allowed in this field
Date of Birth (mm/dd/yyyy)		<ul style="list-style-type: none"> • Age cannot exceed 99 years • <i>Date of Birth</i> cannot be a future date • <i>Date of Birth</i> cannot be a current date <p>If user enters 10 characters, two of them must be forward slashes (/) in the correct places</p>
Social Security Number (optional)		<ul style="list-style-type: none"> • Valid characters: 0 – 9 • The first three numbers of an SSN cannot be 000, 666, or 900 through 999 • The middle two numbers of the SSN cannot be 00. • The last four numbers of the SSN cannot be 0000.
Live in California?		Yes or No radio buttons. Response required.
County you live in?		<p>Response required when user selects "Yes" to Live in California, the user must select one of the 58 counties from the dropdown box.</p> <p>When the user selects "Yes" to Live in California field, the County you live in field selected should not be "99 – Outside of California".</p> <p>When the user selects "No" to the Live in California field, the County you live in field defaults to "99 – Outside of California" and the field is disabled.</p> <p>When the user selects "No" to the Live in California field, the <i>Safe at Home</i> box is disabled.</p> <p>When the Safe at Home box is checked, the County you live in field defaults to "34 – Sacramento" and the field is disabled.</p>

Data Field Name	Specifications
Home Address (<i>number and street</i>)	<p>Required if the <i>Safe at Home</i> box is not selected or the <i>Homeless</i> box is selected</p> <p>Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#).</p> <p>Only A – Z or 0 – 9 allowed as the first character.</p> <p>The word “SAME” is not allowed in this field.</p> <p>Parentheses characters not allowed in this field.</p> <p>Home address cannot be a general delivery or P.O. Box.</p> <p>When the <i>Safe at Home</i> box is unselected, all the above validations will be enforced on this field.</p> <p>When the <i>Safe at Home</i> box is selected, field will be disabled.</p>
City	<p>Required if the <i>Home Address</i> is entered.</p> <p>Valid characters: A – Z, space, period (.).</p> <p>Only A – Z allowed as the first character.</p> <p>The word “SAME” not allowed in this field.</p> <p>When <i>Home Address</i> is entered, the above validations will be enforced on this field.</p> <p>When the <i>Safe at Home</i> box is checked, field will be disabled.</p> <p>When the <i>Safe at Home</i> box is not checked, all the above validations will be enforced</p>
State	<p>Required if the <i>Home Address</i> is entered.</p> <p>Select a state from drop down list, if available.</p> <p>When <i>Live in California</i> is ‘Yes’, the <i>Home State</i> field is pre-populated with ‘California’ and the field is disabled.</p> <p>When <i>Live in California</i> is ‘No’, the <i>Home State</i> field is enabled and:</p> <ol style="list-style-type: none"> 1. If the <i>Home Address</i> is entered, the <i>Home State</i> should not be ‘California’ 2. If the <i>Home Address</i> is entered, the <i>Home State</i> is required <p>When the <i>Safe at Home</i> box is checked, the <i>Home State</i> field will be disabled.</p> <p>When the <i>Safe at Home</i> box is <u>not</u> checked, all the above validations will be enforced on this field.</p>
ZIP Code	<p>Required if the <i>Home Address</i> is entered.</p> <p>Valid characters: 0 – 9.</p> <p>When the <i>Safe at Home</i> box is checked, field will be disabled.</p> <p>When the <i>Safe at Home</i> box is <u>not</u> checked, field will be enabled.</p>
Mailing Address (<i>if different than above</i>)	<p>Required if the <i>Homeless</i> box is checked.</p> <p>Valid characters: A – Z, 0 – 9, space, period (.), dash (-), ampersand (&), slash (/), number sign (#).</p> <p>The word “SAME” is not allowed in this field.</p> <p>When the <i>Homeless</i> box is checked, all the above validations will be enforced on this field.</p> <p>When the <i>Safe at Home</i> box is checked, field will be disabled.</p> <p>When the <i>Safe at Home</i> box is <u>not</u> checked, field will be enabled.</p>
City	<p>Required if the <i>Mailing Address</i> is entered.</p> <p>Valid characters: A – Z, space, period (.).</p> <p>Only A – Z allowed as the first character.</p> <p>The word “SAME” is not allowed in this field.</p> <p>When the <i>Safe at Home</i> box is checked, field will be disabled.</p> <p>When the <i>Safe at Home</i> box is not checked, field will be enabled.</p>

Data Field Name	Specifications
State	Required if the <i>Mailing Address</i> is entered. Select a state from drop down list, if available. When the <i>Safe at Home</i> box is checked, field will be disabled. When the <i>Safe at Home</i> box is not checked, field will be enabled.
Zip Code	Required if the <i>Mailing Address</i> is entered. Valid characters: 0 – 9. When the <i>Safe at Home</i> box is checked, field will be disabled. When the <i>Safe at Home</i> box is not checked, field will be enabled.
Phone number	Valid characters 0 – 9, including area code, if available.
Other phone number	Valid characters 0 – 9, including area code, if available.
Email address	Valid Values: <ul style="list-style-type: none"> • Uppercase and lowercase English letters (a-z, A-Z) • Digits 0 to 9 • Characters: period (.), Ampersand (&), dash (-), slash (/), comma (,), percent (%), number sign (#), apostrophe ('), underscore (_) At sign (@) Character: period (.), provided that it is not the first or last character, and provided also that it does not appear two or more times consecutively.
Homeless	Check the box if individual is currently homeless. Provide contact information in the Home address field. Provide mailing information in the Mailing address field. Either the <i>Homeless</i> box or the <i>Safe at Home</i> box can be selected.
Safe at Home	Check the box if individual is a “ <i>Safe at Home</i> ” participant. Provide the <i>P.O. Box Address</i> and <i>Participant ID</i> , if known. Either the <i>Homeless</i> box or <i>Safe at Home</i> box can be selected.
P.O. Box, if known	Required if the <i>Safe at Home</i> box is checked. Select <i>P.O. Box</i> from drop down list, if known. When the <i>Safe at Home</i> box is checked, the <i>P.O. Box</i> field will be enabled. When the <i>Safe at Home</i> box is not checked, the <i>P.O. Box</i> field will be disabled.
Participant ID, if known	Valid characters: 0 – 9. Only four-digit numbers are allowed in the <i>Safe at Home</i> Participant ID. When the <i>Safe at Home</i> box is checked, the <i>Participant ID</i> field will be enabled. When the <i>Safe at Home</i> box is not checked, the <i>Participant ID</i> field will be disabled.
What language do you speak best?	Dropdown box containing languages. Select one from the dropdown box.
What language do you read best?	Dropdown box containing languages. Select one from the dropdown box.
Do you have a <i>Benefits Identification Card</i> (BIC)?	Yes or No radio buttons. Response required.

Data Field Name	Specifications
What is the identification number on the card?	<p>If the individual answers “Yes” to the question <i>Do you have a Benefits Identification Card (BIC)?</i> then, the <i>Identification Number</i> field must contain a valid number.</p> <p>Valid values for 14 characters BIC Identification Number:</p> <ul style="list-style-type: none"> • 1st – 8th digit numeric; • 9th digit alpha; • 10th – 14th digits numeric. <p>If <i>Do you have a Benefits Identification Card (BIC)?</i> is “No”, the <i>Identification Number</i> field is disabled.</p>
Total Number of Family Members (Include: your spouse and any children under age 21 living with you)	<p>Total Number of Family Members in your household field must contain a numeric value.</p> <p>Valid values 0 – 9.</p> <p>The Total Number of Family Members in applicant's household should be at least one.</p> <p>If the application indicated a pregnancy test was given today, with pregnancy test result marked as “Positive” or the applicant self-attested to pregnancy, the number of family members in the applicant's household should be greater than or equal to two.</p>
Please include money you and/or family members listed on this application receive from jobs, tips, commissions, pensions, Social Security, spousal support, or unemployment benefits.	<p>Annual or Monthly radio buttons. Response required.</p> <p>Must indicate if Income entered is Annual or Monthly.</p> <p>Income field must contain a numeric value.</p> <p>Valid values 0 – 9 (no commas or decimal allowed).</p> <p>Enter 0 if individual's household has no income.</p> <p>If the <i>Monthly</i> button is selected, the maximum individual's household monthly income may not exceed 5 digits.</p> <p>If the <i>Annual</i> button is selected, the maximum individual's household yearly income may not exceed 6 digits.</p>
Did the patient self-attest to pregnancy?	<p>Yes or No radio buttons. Response required.</p> <p>If the answer to the question <i>Did the patient self-attest to pregnancy?</i> is “Yes”, the radio buttons to the question <i>Was a pregnancy test given today?</i> and the radio buttons to the question <i>If a test was given, what was the result?</i> will be disabled.</p>
Was a pregnancy test given today?	<p>Response required when the user selects “No” to the question <i>Did the patient self-attest to pregnancy?</i></p> <p>If the answer to the question <i>Was a pregnancy test given today?</i> is “No”, then the radio buttons to the question <i>If a test was given, what was the result?</i> will be disabled.</p> <p>If the answer to the question <i>Did the patient self-attest to pregnancy?</i> is “No”, and the answer to the question <i>Was a pregnancy test given today?</i> is “No”, then the applicant is ineligible to participate in the PE4PW program.</p>
If a test was given, what was the result?	<p>Positive or Negative radio buttons. Response required when the user answers “Yes” to the question <i>Was a pregnancy test given today?</i></p>

Data Field Name	Specifications
Expected Date of Delivery (mm/dd/yyyy)	<p>Response required when the user selects “Yes” to the question <i>Did the patient self-attest to pregnancy?</i> or the user selects “Positive” to the question <i>If a test was given, what was the result?</i></p> <ul style="list-style-type: none"> Expected Date of Delivery cannot be in the past Expected Date of Delivery cannot be more than 10 months in the future <p>If user enters 10 characters, two of them must be forward slashes (/) in the correct places</p> <p>If the answer to the question <i>If a test was given, what was the result?</i> is “Negative”, the Expected Date of Delivery field will be disabled.</p> <p>If the answer to the question <i>Did the patient self-attest to pregnancy?</i> is “No” and the answer to the question <i>Was a pregnancy test given today?</i> is “No”, the Expected Date of Delivery field will be disabled.</p>
Have you received presumptive eligibility services during the current pregnancy?	<p>Yes or No radio buttons. Response required.</p> <p>Select “Yes” if the individual is pregnant and has been enrolled in Medi-Cal through PE during this current pregnancy.</p> <p>Note: PE enrollment periods for pregnant women are limited to one (1) PE enrollment period, per pregnancy.</p>
Was the Insurance Affordability Application offered to the patient?	<p>Yes or No radio buttons. Response required.</p>
By signing, I declare that what I provided below is true and correct	<p>The user must check the box besides “By signing, I declare that what I provided below is true and correct.” Is required.</p>
Signature	<p>Display blank <i>Date</i> field on the Summary page.</p>
Signature of witness	<p>Display blank <i>Date</i> field on the Summary page.</p>
Date (mm/dd/yyyy)	<p>Disabled on-line. Only available on the Summary page printed form.</p>

Frequently Asked Questions

Answers to frequently asked questions (FAQs) about the PE4PW application process can be found by clicking the link on the PE for Pregnant Women – Enrollment Application page, as circled below.

Home » Transaction Services

PE for Pregnant Women - Enrollment Application

You are logged in as: 1002819376

PE FOR PREGNANT WOMEN

- PE for Pregnant Women Downloads
- FAQs**

TRANSACTIONS

- Eligibility
- eIAR
- Managed Care Programs
- eLearning

APPLICANT INFORMATION

*Last Name: Smith, First Name: Kelly, Middle Name: ADAM, Date of Birth (mm/dd/yyyy): 01/01/1990

Social Security Number (optional):

*Live in California? ☒ Yes ☐ No

County you live in?

Home Address Number and Street: 1234 Jefferson Street, City: Sacramento, State: California, Zip Code: 95892

Mailing address (if different) Number and Street: City: State: Zip Code:

Phone Number: 3242342312, Other phone number: Email address: jenny44@us.com

☐ If homeless, check the box and indicate (above) where to send any written correspondence.

What language do you speak best?

MEDI-CAL

*Do you have a Benefits Identification Card (BIC)? ☒ Yes ☐ No

What is the identification number on the card?

*Have you received presumptive eligibility services during the current pregnancy? ☒ Yes ☐ No

FAMILY MEMBERS

*Total Number of Family Members: 5

ANNUAL OR MONTHLY INCOME

Please include money you and/or family members listed on this application receive from jobs, tips, commissions, pensions, Social Security, spousal support, or unemployment benefits.

*Income: \$ 10000, ☒ Annual ☐ Monthly

SIGNATURE AND DECLARATION

☒ By signing, I declare that what I provided below is true and correct.

- I have read and understand this Presumptive Eligibility for Pregnant Women Medi-Cal Application.
- I have received the insurance affordability program application.
- I understand that I must complete and submit the Medi-Cal or insurance affordability application by the end of my Presumptive Eligibility period in order to be eligible for continued coverage.
- The information I provided is true, correct, and complete.

PROVIDER USE ONLY

*Did the patient self attest to pregnancy? ☐ Yes ☒ No, Was a pregnancy test given today? ☒ Yes ☐ No

*Was the Insurance Affordability Application offered to the patient? ☒ Yes ☐ No

If a test was given, what was the result? ☒ Positive ☐ Negative, Expected Date of Delivery (mm/dd/yyyy): 02/28/2017

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CA.GOV Department of Health Care Services Medi-Cal

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System Status | Billing Tips | FAQs | Forms | HIPAA | Medi-Cal Rates | NPI | Provider Enrollment | more ...

Home » Programs » PE Programs » Presumptive Eligibility for Pregnant Women (PE4PW) Program

Presumptive Eligibility for Pregnant Women Frequently Asked Questions

- What is Presumptive Eligibility for Pregnant Women (PE for Pregnant Women)?**
The PE for Pregnant Women program allows Qualified Providers (QPs) to grant immediate, temporary Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients, pending their formal Medi-Cal application.
- What is a Qualified Provider (QP)?**
A QP is a Medi-Cal provider who participates as a PE for Pregnant Women provider under Title 42 United States Code, Section 1396-1 (Section 1920 of Title XIX of the Social Security Act).
- What is the authority for implementing the PE for Pregnant Women program?**
Assembly Bill 501 (Chapter 1127, Statutes of 1992) implemented the PE for Pregnant Women program. Welfare and Institutions Code (W&I Code) 14148.7 authorized the Department of Health Care Services (DHCS) to provide PE benefits to pregnant women as allowed in Section 1920 of the Social Security Act.
- When was the PE for Pregnant Women program originated?**
The program originated in November 1993.
- What is changing in the PE for Pregnant Women program?**
Currently, QPs enroll individuals in the program using a manual paper application process. During the first quarter of 2017, the recipient enrollment process will be automated. Providers who meet the eligibility requirements as governed by the PE for Pregnant Women program can enroll individuals through an electronic process.

PE PROGRAMS

- Breast and Cervical Cancer Treatment Program (BCCTP)
- Child Health and Disability Prevention Program (CHDP)
- Every Woman Counts (EWC)
- PE for Pregnant Women (PE4PW)
- Hospital Presumptive Eligibility (HPE)



<http://www.ca.gov/>

Steps to Edit and Submit a PE4PW Application Web Portal Transaction

PE for Pregnant Women – Application Summary screen (shown below) displays the applicant's data you entered along with any errors, if applicable. To submit the information, follow the steps below.

1. To edit the information or correct any errors entered on a previous page, click **Back** at the bottom of the page, shown in the screen shot below. This will increase the chances of the transaction being processed without delay. You can view an application summary in your browser window or by printing the page.
2. Click **Print** at the bottom of the screen twice to print **two (2)** application summaries.
3. Have the applicant sign both copies, and provide one (1) copy to the individual and submit one (1) copy into your individual's file.
4. Click **Submit** at the bottom of the screen.
5. After you click **Submit**, a prompt will appear asking if you have reviewed and printed the application information. Be sure you have **printed two (2) copies** of the application summary.
6. If you click **OK**, the transaction will be submitted and you will be unable to change any information for that application.
7. If you click **Cancel**, you will be allowed to enter back into the transaction screens to make edits, by clicking the Back Button on the summary page.

PE for Pregnant Women – Application Summary Screen

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The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services, MS 8190, P.O. Box 987413, Sacramento, CA 95895-7413. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Presumptive Eligibility for Pregnant Women provider and Covered California.</p> </td> </tr> <tr> <td colspan="4"> <input type="button" value="Print"/> <input type="button" value="Back"/> <input type="button" value="Submit"/> </td> </tr> </tbody> </table>		APPLICANT'S INFORMATION				Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	Smith	Jelly	ADAM	01/01/1990	Social Security Number (optional)				Live in California? <input checked="" type="checkbox"/> Yes				County you live in?		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Yes		02/28/2017																																																																																																																																																																							
<p>An individual has a right to review records containing his/her personal information. The official entity responsible for keeping the information contained in this application is the California Department of Health Care Services, MS 8190, P.O. Box 987413, Sacramento, CA 95895-7413. This information may be shared with the County Department of Social Services in the county in which the individual resides. The individual's medical information will be kept with the Presumptive Eligibility for Pregnant Women provider and Covered California.</p>																																																																																																																																																																									
<input type="button" value="Print"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>																																																																																																																																																																									
<p>PE FOR PREGNANT WOMEN</p> <ul style="list-style-type: none"> PE for Pregnant Women Downloads FAQs <p>TRANSACTIONS</p> <ul style="list-style-type: none"> Eligibility eLairt Managed Care Programs eLearning 																																																																																																																																																																									

PE4PW Application Web Portal Transaction Message Response

After clicking **Yes** from the Submit Application prompt, the PE4PW Application Web Portal transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's PE4PW eligibility and returns a response to the browser screen. There will be a pause for real-time PE4PW eligibility determination.

Note: If the application is missing information, you will receive an error message asking you to complete the required fields before sending. Refer to the "Response Messages" section of this user guide for response message examples or contact Medi-Cal using the information in the "Reporting Problems" section of this guide.

Conclude the PE4PW Application Web Portal Eligibility Determination Transaction

Indicated below are examples of an approved and a denied, PE4PW eligibility determination response message.

PE4PW Approved Response Message:

1. Explain the applicant's eligibility determination.
2. Print out (2) copies of the Immediate Need Eligibility Document by clicking **Print** twice (image below).
3. Have the applicant sign both copies of the Immediate Need Eligibility Document (circled below).
4. Retain the original signed document for your files and provide the signed copy to the applicant.

Presumptive Eligibility for Pregnant Women Medi-Cal Application Response	
Provider Number:	1003819378
Individual's Name:	FRIDAY TEST O
Date of Birth:	06/12/1999
BIC ID:	74125011H77177
BIC Issue Date:	06/26/2017
Good Thru Date:	07/31/2017
<p>Application Date/Time: 2/17/2017 9:20:39 AM</p> <p>Important Notice: The PE Period End Date in the response below can change if the client submits an insurance affordability application, as the PE Period ends on the determination date (approved or denied). Providers, please verify eligibility.</p> <p>Response: You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period end date on 07/31/2017. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.</p> <p>Client Signature: _____</p>	

PE4PW Denied Response Message

1. Explain the applicant's eligibility determination.
2. Click **Print** twice at the bottom of the page.
3. Retain the original for your files, and provide the copy to the applicant.
4. Denied applicants do not sign the documents, unless the denial is because the individual has Medi-Cal eligibility, but does not have a BIC. (If the denial is because they have Medi-Cal already, but do not have a BIC, the Immediate Need card would need to be signed according to the section below.)

The screenshot displays the 'Presumptive Eligibility for Pregnant Women Medi-Cal Application Response' page. The page includes a header with the CA.GOV logo and navigation links. The main content area shows the application details and the denial response. The response text is: 'Response: You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because your income exceeds the allowed limits.' Below the response, there are two buttons: 'Next Application' and 'Print'. An arrow points to the 'Next Application' button.

Presumptive Eligibility for Pregnant Women Medi-Cal Application Response	
Provider Number:	1002919276
Individual's Name:	FRIDAY TEST F
Date of Birth:	09/24/2003
BIC ID:	
BIC Issue Date:	
Response: You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because your income exceeds the allowed limits.	

Buttons: [Next Application](#) [Print](#)

Users may begin processing another application by clicking **Next Application**.

PE4PW ELIGIBILITY DETERMINATION RESPONSE MESSAGES

PE4PW Eligibility Determination Response Messages Overview

After submitting the online application, the PE4PW Web Portal Application transaction is sent to the Medi-Cal Eligibility Data System (MEDS), which determines the individual's eligibility. After a short period of time, the MEDS returns a response message that appears on your screen. The individual and provider must read the response message carefully because it contains important information.

The response message will indicate one of the following:

- Temporary Medi-Cal eligibility is approved or denied.
- Eligibility for no cost Medi-Cal coverage for ambulatory prenatal care and prescription drugs for conditions related to pregnancy.
- The program for which the individual is currently eligible (Medi-Cal).
- If denied, the denial reason.

Reminder: PE4PW providers must print the response message screen twice. The individual and the provider must each obtain a printout of the response message screen. To print the Response Message screen, click **Print** in the lower right corner of the screen. Give one printout to individual and keep the other for the individual's file.

IMPORTANT:

If the client signature line appears in the response message, the response message must be printed and used as an Immediate Need Eligibility Document. The individual must sign the Immediate Need Eligibility Document on the client signature line. The individual uses the signed printout as a temporary BIC until a permanent BIC is received in the mail if continuing Medi-Cal benefits are approved after the individual submits an application for insurance affordability programs.

- Individuals **do** sign the Immediate Need Eligibility Document if they are approved and do not have a BIC or if they are already in a program and do not have a BIC.
- Individuals **do not** sign the response printout if they are denied service through the PE4PW program or if they already have a BIC.

If necessary, the individual can use this *Immediate Need Eligibility Document* through the expiration date printed on the response.

PE4PW Program – Approved and Denied Eligibility Determination Response Messages Chart

Status	Reason Description	Response Message (To applicant)
Denied	Applicant is not a California resident. Applicant responded "No" to the "Live in California" question.	You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because you indicated that you do not live in California. PE4PW is only available to California residents.
Denied	Applicant previously received Presumptive Eligibility for current pregnancy. Applicant indicated they were pregnant and answered "Yes" to the question "If pregnant, has the individual received presumptive eligibility services during this current pregnancy?"	You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because you already received PE Enrollment for this current pregnancy. Pregnancy PE Enrollment is limited to one, per pregnancy.
Denied	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant has a BIC.	You currently have Medi-Cal eligibility. Use your Benefits Identification Card to access Medi-Cal services.
Denied	Applicant currently has existing Medi-Cal eligibility. The application indicated that the applicant does NOT have a BIC.	You currently have Medi-Cal eligibility. Use this document to access Medi-Cal services today. Contact your local county Medi-Cal office to get a replacement plastic BIC card.
Denied	Income exceeds allowed limit for coverage group.	You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because your income exceeds the allowed limits.
Denied	Applicant is over the age of 65 (one month after 65 th birthday or later).	You are not eligible for Presumptive Eligibility for Pregnant Women (PE4PW) because you are over the age limit.
Approved	Applicant previously received Presumptive Eligibility under aid code 7F. If pregnant, the applicant should be granted eligibility under aid code 7G.	You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal, Medi-Cal until your PE Period End Date on mm/dd/yyyy. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.
Approved	Applicant was approved for aid code 7F and the applicant indicated they are not pregnant after a pregnancy test.	You are granted Presumptive Eligibility for Pregnant Women (PE4PW) coverage for today's doctor visit and pregnancy test only. Your PE Period End Date is mm/dd/yyyy. To see if you qualify for permanent coverage, submit a completed insurance affordability application.
Approved	Applicant was approved for aid code 7G and indicated on the application that the applicant does not have a BIC.	You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period End Date on mm/dd/yyyy. Use this document to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.

Status	Reason Description	Response Message (To applicant)
Approved	Applicant was approved for aid code 7G and the application indicated that the applicant has a BIC.	You are granted Presumptive Eligibility for Pregnant Women (PE4PW) temporary, ambulatory prenatal Medi-Cal until your PE Period End Date on mm/dd/yyyy. Use your Benefits Identification Card to access these services. To see if you qualify for permanent coverage, submit a completed insurance affordability application.
Failed	System Processing Error	An error occurred while processing eligibility for this applicant. Please contact the POS/Internet Help Desk between the hours of 6AM and 12AM.
Failed	System Not Available	System is not available. Try again later.
Failed	Provider has submitted one or more PE applications for eligibility determination for the same applicant on the same day. Only one application can be submitted per day.	A Presumptive Eligibility application for this applicant has already been submitted today. Only one application can be submitted per day. Please re-submit your application on the following business day.